MAINE DEPT OF PUBLIC SAFETY

STATE OF MAINE Liquor Licensing & Inspection Division

164 State House Station Augusta ME 04333-0164





APPLICATION FOR CATERED FUNCTION BY QUALIFIED CATERING ORGANIZATION

License No.:	Name of Qualified Cate	rer:
Mailing Address:		
Town/ City:	State:	Zip Code:
Telephone:	Fax:	
Title and Purpose of Ever	nt:	
Location of Event:		
		Zip Code:
☐ Indoor Event ☐ Ou	utside Event (IF OUTSIDE	AREA, DIAGRAM MUST BE INCLUDED)
Describe specific indoor	and/or outdoor area to be li	censed:
Date of Event:	Time – Fron	n: To:
Number of Persons Atten	ding:	
Name of Sponsor:		
	Town/City:	
State:	Zip Code:	Telephone Number:
Signature of Licensee or Corporate Officer		Date
Print Name of Licensee	or Corporate Officer	
FOR USE ONLY B	Y DEPT. OF PUBLIC	SAFETY – LIQUOR LICENSING
RESTRICTIONS:		
[] <u>APPROVED</u>		DATED:
[] NOT APPRO	<u>OVED</u>	ISSUED BY:

NOTE:

TO MUNICIPAL OFFICERS & COUNTY COMMISSIONERS:

This application must be approved by the Municipal Officers of the municipality in which the function is to be held or, if held in an unincorporated place, by the County Commissioner. Title 28A, Section 1076, Subsection 7D grant authority for this approval without public notice.

Dated at: City/Town	, Maine(County)	SS
City/Town On:	(County)	
Date		
The undersigned being:	ices County Commissioners	of the
□ City □ Town □ Plantation □ Unincorpor	rated Place of:	, Maine
Hereby certify that we have given public notice on this app Section 653 Title 28A, Maine Revised Statutes and herby a		s required by
Signature	Print	

72 Hours in Advance of Said Event or Gathering REQUESTED